## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.		_
10/27	2777	
10/00	3/11	

FILING DATE

APPLICANT(S)

$\mathbf{CL}^{A}$	ΙN	4S
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TOTAL IND.	3	+		#		+		
TOTAL DEP.	23	<b>+</b>	4	+	•	+		
TOTAL CLAIMS	210		8					
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TOTAL IND.	177	1		1	T		1
TOTAL DEP.		<b>4</b>		<b>+</b>			<b>-</b>
TOTAL CLAIMS	1 = 30						
			<del></del>			1.00	or the same and the same